

TOWN OF NATICK APPLICATION FOR EMPLOYMENT

Applicants are considered for all positions without regard to race, color, religion, gender orientation, national origin, age, marital or veteran status, or the presence of a non-job related medical condition or handicap.

Position applied for			Date of Application	I
Are you available to work				
Referral source:advertisementjob posting relativefriendother SECTION I: PERSONAL INFORMATION Name:				
SECTION I: PERSONAL INFORMATION Name:	Are you available to work	full time	part time	other
Name:	Referral source:advertisement	job posting	relativefrie	ndother
Address: Telephone No	SECTION I: PERSONAL INFO	ORMATION		
Address: Telephone No	Name:			
Telephone No Cell No Cell No				middle
Email Address If hired, can you provide proof of citizenship or legal right to work?	no. & street	town star	I	
If hired, can you provide proof of citizenship or legal right to work?				-
Valid Mass. Drivers License Number Class				es No
Have you ever filed an application here before? Yes No If Yes, When Have you ever been employed with the Town before? Yes No If yes, give dates of employment in which Department? Do you have any relatives working for the Town? Having reviewed the duties of the job, which have been provided to you, are you capable of performing all the duties of the job? If not, which duty(ies) are you not capable of performing? Are you currently employed? Yes No	Are you under 18 years of age?	Yes No)	
Have you ever been employed with the Town before?YesNo If yes, give dates of employment in which Department? Do you have any relatives working for the Town? Having reviewed the duties of the job, which have been provided to you, are you capable of performing all the duties of the job? If not, which duty(ies) are you not capable of performing? Are you currently employed? Yes No Are you on a layoff and subject to recall? Yes No	Valid Mass. Drivers License Number		Class	
employment in which Department? Do you have any relatives working for the Town? Having reviewed the duties of the job, which have been provided to you, are you capable of performing all the duties of the job? If not, which duty(ies) are you not capable of performing? Are you currently employed? Yes No Are you on a layoff and subject to recall? Yes No	Have you ever filed an application he	re before? Y	es No 1	If Yes, When
Do you have any relatives working for the Town? Having reviewed the duties of the job, which have been provided to you, are you capable of performing all the duties of the job? If not, which duty(ies) are you not capable of performing? Are you currently employed? Yes No Are you on a layoff and subject to recall? Yes No	Have you ever been employed with th	ne Town before?	YesNo If yes,	give dates of
Having reviewed the duties of the job, which have been provided to you, are you capable of performing all the duties of the job?	employment in whi	ch Department?		
Having reviewed the duties of the job, which have been provided to you, are you capable of performing all the duties of the job?	Do you have any relatives working fo	r the Town?		
If not, which duty(ies) are you not capable of performing? Are you currently employed? Yes No Are you on a layoff and subject to recall? Yes No	Having reviewed the duties of the job	, which have been pro	ovided to you, are you	capable of performing
Are you on a layoff and subject to recall? Yes No Are you on a layoff and subject to recall? Yes No	all the duties of the job?			
Are you on a layoff and subject to recall? Yes No	If not, which duty(ies) are you not cap	pable of performing?_		
	Are you currently employed?	YesN	lo	
Are you a veteran of the U.S. Armed Services? Yes No (See Section IV, if a veteran)	Are you on a layoff and subject to rec	all?Yes	No	
	Are you a veteran of the U.S. Armed	Services? Yes	No (See Section	n IV, if a veteran)

SECTION II: EMPLOYMENT HISTORY (MOST RECENT FIRST)

	Employer's name:					
	Address:					
	Job Title:	_Worked From:			to:	
	Immediate Supervisor's name ar	nd job title:	Pay: _	starting	Give dates	
	Describe work you performed: _					
	May we contact this employer? Reason for Leaving:					
	Employer's name:					
	Address:					
	Job Title:	Worked From:			to:	
	Immediate Supervisor's name ar	nd job title:	Pay: _	starting	Give dates	
	Describe work you performed: _					
	May we contact this employer? Reason for Leaving:					
	Employer's name:					
	Address:					
	Job Title:	_Worked From:			to:	
	Immediate Supervisor's name ar	nd job title:	Pay: _	starting	Give dates ; ending	
	Describe work you performed:					
	May we contact this employer?	Yes	No			
	Reason for Leaving:					
	May we contact this employer?					
e	re any verified work performed or					
	→					

SECTION III: EDUCATION

	Name & Location of School	Dates Attended	Diploma, Degree/Certificate
High School			
Vocational, Technical or Correspondence			
College/University			
Graduate/Professional			

Describe specialized Training, Appr	enticeship Lice	nse, Foreign L	anguage Skills, Skills and Extra	
Curricular Activities:				
State any additional information you	ı feel may be he	lpful to us in u	nderstanding your application.	
SECTION IV: MILITARY HIS	STORY			
Veteran of U.S. Armed Forces?	Yes	No		
Branch				
Rank when discharged			Discharge Status	
Present Military Status				
Service school or special experience				

SECTION V. REFERENCES, MISCELLANEOUS

	fession, trade, business or civic activities and offices held. (you may exclude those ndicate race, color, religion, gender orientation, national origin, age, marital or veteran's
Give na	me, address, and telephone number of three (3) references (who are not related to you):
2.	
3.	

Applicant's Statement

The information provided in this application for employment is true and complete to the best of my knowledge. In the event of employment, I understand that false or misleading information given in my application or interview(s) may result in discharge (whenever discovered).

I authorize investigation of all statements contained in this application and the release of any pertinent information regarding my education, past employment history and background. I authorize the town of Natick to obtain any information from schools, employers or individuals relating to my activities. This information may include, but is not limited to: academics, achievement, performance, attendance, personal history and discipline. Further, I hereby authorize all references, persons, schools, my current employer (if applicable) and previous employers and organizations named in this application, unless otherwise stated, to provide the Town of Natick any relevant information that may be required to arrive at an employment decision. I understand that the information released is for the Town of Natick's use only.

I hereby voluntarily release, discharge and exonerate the Town of Natick, its agents and representatives, and any person so furnishing information from any and all liabilities of every nature and kind arising out of the furnishing or inspection of such documents, records and other information or the investigations made by or on behalf of the Town of Natick.

I understand that all appointments are probationary and that I must demonstrate my ability for continued employment. I understand that, if appointed, my employment will be at-will, for an indefinite period, and can be terminated at any time by the Town, unless otherwise stated in a collective bargaining agreement which covers the position to which I am appointed. I also understand that I must be available from time to time to work outside normal business hours, as the needs of the department required.

If required for the position I am seeking, I agree to take a physical examination, which may include testing for drugs or a psychological examination, as required, and recognize that any offer of employment may be contingent upon the results of such examination.

		conditional upon my ability to establish of 1986 within three (3) days of the date of
I acknowledge that I h conditions.	nave read and fully understand the fo	pregoing and seek employment under these
Signature:	Da	ite:
	APPLICANT DO NOT WRITE BE	LOW THIS LINE
Interview date	Interviewer	
Remarks		
Action Taken		
	usetts to require or administer a lie detector who violates this law shall be subject to	or test as a condition of employment or continued criminal penalties and civil liability.

COMPLETION OF THIS FORM IS OPTIONAL

TO BE USED BY THE TOWN OF NATICK'S EEO/AA REPORTING REQUIREMENTS

INVITATION

Applicants are considered for all positions, and employees are treated during employment without regard to race, color, creed, religion, sex, sexual orientation, national origin, age, marital or veteran status, medical condition or handicap.

The Town of Natick, as part of its commitment to equal employment opportunity and to its affirmative action program, invites all applicants to provide the following information.

The information is voluntary and refusal to provide it will not have any bearing on our employment decision.

Position Applied For:		Date:
SEX	AGE	ORIGIN
Male Female	[] under 16 [] 16-39 [] 40 – 69 [] 70 +	 [] White [] Black [] Hispanic [] Asian or Pacific Islander [] American Indian or Alaskan Native [] Cape Verdean
HANDI [] Men [] Phys [] Non	tal sical	NAM ERA VETERAN [] Yes [] No